or um through 7794/2000, Oxidi Oxidi (um tu) long U.S. DEPARTTMENT OF COMMERCE con il attiponyo o water Charle curbus number. Reduction Act of 1905, no parents are requires to respond to a co PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 CLAIMS AS FILED - PART! OTHER THAN (Cotoro 1) SHALL BYTTY OR MAGEN FLED BASIC FEE ED OFR 1.00(N) PRIMEER EXTRA RATE TOTAL CLASS 345 c an .. 9. POP DOOR CA œ OR MILTIPLE DEPENDENT CLASS PRESENT OF OFR LIESON OR the difference is column 1 in ters than there, exter "O" is column 2. TOTAL -CLAIMS AS AMENDED - PART II (Column 1) (Cases 2) oř. OTHER THAN SMALL ENTITY CLAIMS REMANDIC AFTER ENT A MIGNEST MUMBER PREVIOUSLY PAID FOR SMUL BITTY PRESENT EXTRA RATE COLENT HORNE 46 657 DOT US OR OR FIRST PRESENTATION OF MALTIFLE OUT-DIGOST GLASS. (D) CHI LARGO OR TOTAL ADDITE 829 TOTAL ADD'L FEE OR Column 2) (Coheren 3) CLAMS REMINING HICHEST 0 PRESENT AFTER AMENDMENT RATE ADDI-TIONAL FEE PREVIOUSLY PAO FOR RATE ADDI-BOMAL CO CON LENG ÓR OR FREST PRESENTATION OF MAR PARE DEPONDERS CLASS (SF CFR 1.1800) OR TOTAL ATOTA ADDLIFEE OR ADD'L FEE (Cotumn 3) CLAUG HOEST PRESENT ADDA HONAL FEE RATE RATE ADDI-TIONAL OR OR. * If the entry in column 1 is less than the entry in column 2, write V' in column 3.

* If the "Highest Number Previously Poin Ford IN Test SPACE is less than 20, enter "20".

* If the "Highest Number Previously Poin Ford IN THIS SPACE is less than 20, enter "20".

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The inflammation is required to calcula or resum a of by 25 U.S.C. \$22 and 37 CFR 1.14. This color application from to the USPTO. These and vary do to the LOSTIO. These sell value control by the public venion in to the for a to the LOSTIO. These sell valy depending upon the including close, April value, VA 22213-1420, OO NOT SCHO FEES OR COLOR-(£720 FORDERS, VA 22213-1420, OO NOT SCHO FEES OR COLOR-(£720 FORDERS, VA 22213-1420.

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PTO/SB/06 (08-03)

Approved for use through 7/31/2006. OMB 0651-0032

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									Application or Docket Number		
OTHER THAN											
(Column 1) (Column 2)					1	SMALL E	NTITY	OR I I	SMALL	ENVIY	
FOR NUMBER FILED			NUMBER	NUMBER EXTRA		RATE	FEE		PATE	FEE	
BASIC FEE (37 CFR 1.16(a))							\$	OR		<u>\$</u>	
TOTAL CLAIMS (37 CFR 1.16(c)) minus 20						x_s=		OR	x s=		
INDEPENDENT CLAIMS (37 CFR 1.16(b)) minus 3 =						x \$=		OR	x \$=		
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						+ s =		OR	+ \$=		
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		OR	TOTAL	
CLAIMS AS AMENDED – PART II											
						014411	ENTITY	OR		R THAN ENTITY	
<u> </u>		(Column 1)		(Column 2)	(Column 3)	1	SMALL	I	7		
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	·98	Minus	" 96	=]	x s=		OR	x s=	
	Independent (37 CFR 1.16(b))	. J	Minus	···· 8	-		x \$=		OR	x s=	
AME		ATION OF MULTIPLE	DEPENDE	NT CLAIM (37 CF	R 1.16(d))	1	+ \$=		OR	+ s=	
├─	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					_	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
(2) (Column 2)											
AMENDMENT B		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	AMENDMENT	Minus	**	=	1	x s=		OR	x \$=	
	Independent (37 CFR 1.16(b))	•	Minus	***	=	1	x s=		OR	x s=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.15(d))					1	+s =		OR	+ s=	
- Timor President State							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
		(Column 1)		(Column 2)	(Column 3)						
AMENDMENT C		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.15(c))	*	Minus	**	=	7	x \$=		OR	x \$=	
	(37 CFR 1.16(e)) Independent (37 CFR 1.16(b))		Minus	***	=	٦	x \$=		OR	x \$=	
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\vdash	TIMOT I RESERVED.						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".											

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 2u, enter 2u.
"If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.